

FOCUS

Route to:

The Quarterly Newsletter for Physician Office Staff

Volume 4, Number 1
January, 1995

New Ambulatory Surgery Unit Opens, Consolidates Services

Lehigh Valley Hospital has marked another milestone in its site and facilities plans: the completion of a new Ambulatory Surgery Unit at 17th & Chew and the consolidation of all outpatient surgical services at that location.

Occupying 28,000 square feet, the unit provides preoperative testing and teaching along with surgery and recovery in adjacent areas on the second floor of the hospital.

Previously, outpatient surgery patients had to travel to different areas of the hospital for pre-admission bloodwork, x-rays, and patient education. The new unit features four pre-surgery preparation areas where these services are brought to the patient.

On the day of surgery, the patient arrives at the central registration desk and is escorted to one of 24 private rooms to prepare for the procedure. Following surgery and an initial recovery period, the patient returns to the same room to complete recovery and await discharge. Outpatient surgery patients receive free valet parking when arriving for tests and surgery.

Last year, nearly 8,800 outpatient surgeries were performed at Lehigh Valley Hospital, seven percent more than in 1993. During that period, inpatient procedures declined by the same amount. It is estimated that the unit's surgeons and staff will treat as many as 10,000 to 12,000 outpatients per year. Outpatient surgeries include procedures such as hernia repairs, tonsillectomies, breast biopsies, carpal tunnel, knee, cosmetic and eye surgeries, and laparoscopic and diagnostic urology procedures.

The nearby surgery suite houses eight operating rooms. Seven original rooms have been renovated and have had new equipment installed. One new operating room has been added to accommodate the increase in procedures. A urodynamics testing room, where continence and sexual function problems are diagnosed, and two minor procedure rooms have also been built. In addition, lounges, offices, conference rooms, and dictation cubicles for physicians and staff have been remodeled and, in many cases, enlarged.

Continued on Page 2

In This Issue...

New from Infection Control

- Pages 2 & 3
*Patient Centered
Care*

- Pages 4 & 5
*PHAMIS Training
Sessions*

- Page 6

Continued from Page 1

More than 100 surgeons and 95 professional and support staff will provide patient care in the new unit.

Telephone numbers for the new unit are:

ASU Station - 402-3400
Reception/Registration Area - 402-3410
Fax - 402-3413
P.A.P. Station - 402-3420
Barbara Frantz - 402-3432/
page 907-5490
Virginia Kovalovich - 402-3433/
page 1052
Lenora Kroll - 402-3434
Cindy Hertzog - 402-3425

Upcoming PAHCOM Meeting

- February 21 - Time Management
- March 21 - Open House and Group Networking

Meetings begin at 6 p.m., at the Spice of Life Restaurant, 1259 S. Cedar Crest Blvd., Allentown.

For more information, contact Cindy Borowski, President, Lehigh Valley Chapter, at 402-8420.

News from Infection Control

On October 28, 1994, the Department of Health and Human Services, Centers for Disease Control and Prevention, issued **Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities**. Included in these guidelines is a section specific to medical offices. This section reads as follows:

In general, the symptoms of active TB are symptoms for which patients are likely to seek treatment in a medical office. Furthermore, the populations served by some medical offices, or the health care workers in the office, may be at relatively high risk for TB. Thus, it is likely that infectious TB will be encountered in a medical office. Because of the potential for M. tuberculosis transmission, the following recommendations should be observed:

- A risk assessment should be conducted periodically, and TB infection control policies based on results of the risk assessment should be developed for the medical office. The policies should include provisions for identifying and managing patients who may have undiagnosed active TB; and educating, training, counseling, and screening health care workers.
- While taking patients' initial medical histories and periodic updates, health care workers who work in medical offices should routinely ask all patients whether they have a history of TB disease or have had symptoms suggestive of TB.

Continued on Page 3

- Patients with a medical history and symptoms suggestive of active TB should receive an appropriate diagnostic evaluation for TB and be evaluated promptly for possible infectiousness. Ideally, this evaluation should be done in a facility that has TB isolation capabilities. At a minimum, the patient should be provided with and asked to wear a surgical mask, instructed to cover the mouth and nose with a tissue when coughing or sneezing, and separated as much as possible from other patients.
- Medical offices that provide evaluation or treatment services for TB patients should follow the recommendations for managing patients in ambulatory-care settings (Section 11.D.).
- If cough-inducing procedures are to be administered in a medical office to patients who may have active TB, appropriate precautions should be followed (Section II.H.).
- Any health care worker who has a persistent cough (i.e., lasting greater than three weeks), especially in the presence of other signs or symptoms compatible with active TB (i.e., weight loss, night sweats, bloody sputum, anorexia, or fever), should be evaluated promptly for TB. Health care workers with such signs or symptoms should not

return to the workplace until a diagnosis of TB has been excluded or until they are on therapy and a determination has been made that they are non-infectious.

- Health care workers who work in medical offices in which there is a likelihood of exposure to patients who have infectious TB should be included in employer-sponsored education, training, counseling, and PPD testing programs appropriate to the level of risk in the office.
- In medical offices that provide care to populations at relatively high risk for active TB, use of engineering controls as described in this document for general use areas (i.e., waiting rooms) may be appropriate (Section II.F.; Suppl. 3).

To summarize: Prior to developing office policies, a risk assessment must be done to ascertain whether your facility is at minimal risk, very low risk, low risk, intermediate risk, or high risk. Your policies or control measures will be based on the risk assessment. You will need to review the protocol for conducting a tuberculosis risk assessment in a health-care facility as well as the elements of a Tuberculosis Infection Control Program. This information is outlined in the guidelines found in the Federal Register dated October 28, 1994. A copy is available for your review in the Medical Library at Lehigh Valley Hospital, Cedar Crest & I-78.

Patient Centered Care

During the past several months, hospital staff members and physicians have been planning a work redesign project. Referred to as **Patient Centered Care**, it is the framework for the organization's culture and is represented by seven broad *dimensions* of care that most affect patients' experiences. These dimensions are:

- Respect for patients' values, preferences and expressed needs;
- Coordination of care and integration of services within an institutional setting;
- Communication between patient and providers; dissemination of accurate, timely and appropriate information; and education about long-term implications of disease and illness;
- Physical care, comfort and the alleviation of pain;
- Emotional support and alleviation of fears and anxiety;
- Involvement of family and friends; and
- Transition of continuity from one focus of care to another.

Operational requirements to implement and demonstrate our dimensions of care have been defined. They include:

- The number of personnel interacting with the patient are minimized.
- Patient movement will be minimized.

- All processes will be effective, efficient, coordinated and communicated among services, utilizing a multidisciplinary approach.

- Patient, physician, and staff satisfaction will be maximized.

- Turnaround time for tests, procedures, and medications will meet or exceed best practice standards.

Additional factors currently being studied include patient, staff, and physician satisfaction, length of stay, and cost of care.

The medical units on the sixth and seventh floors will be the prototype units for patient centered care efforts. Units 7B and 7C will have environmental changes including the elimination of the centralized nurses' station and use of patient servers in close proximity to the patient. All units will have redesigned roles and responsibilities for members of the patient care delivery team -- these roles will be vastly different from the traditional roles which currently exist, including the concept of the multi-skilled worker and decentralizing what are now centralized staff, such as phlebotomists, respiratory therapists, and pharmacists.

The Patient Centered Care Work Redesign Project seeks a metamorphosis in how we have traditionally done things within the hospital setting -- a shedding of the discipline-driven, compartmentalization of work, through the collaborative development of a patient-driven, unified care delivery system.

Continued on Page 5

As we move ahead with programmatic developments, whether it be process changes, i.e., how to admit a patient; procedure changes, i.e., decentralizing phlebotomy; and facility changes, i.e., unit renovations, all changes will support the dimensions of care and operational requirements of Patient Centered Care.

Your opinions, as physician office staff members, are important to the success of this project and will be actively sought. For more information or to comment, contact one of the Patient Centered Care Project Directors, Kim Hitchings at 402-1704, or George Ellis at 402-8055.

Inclement Weather Policy

by Colleen Burgess, Office Manager, Allen Neurosurgical Association

It is important for the doctor/manager to communicate to the office staff the policy with regard to inclement weather which, in this area, is snow and/or sleet. Encourage your employees to use good judgment when deciding whether or not to travel. If your office will remain open, employees who anticipate difficulty in reporting to work should contact their manager or supervisor as early as possible. In the event of severe weather, the office may be closed. It is important to identify who will make the decision either to stay open or to close the entire office. Should the decision be made to close the office, a communications system must be established to contact employees and patients.

Your pay policy for a full day's absence and for a few hours absence must be clearly defined. The policy must address both the hourly employee and the salaried employee. Some employers pay only for hours worked while other employers pay a full day's wages to employees who only work

part of the day because the employee made the effort to get to work. You may be able to request that employees use a vacation or personal day if they miss one full day.

Before creating your own policy, seek the advice of other office managers and be sure to have your policy reviewed by your attorney before implementation.



Training Schedule for PHAMIS LastWord

Following is the schedule of classes for PHAMIS LastWord training for physician office staff. All classes will be held in the training room of the John and Dorothy Morgan Cancer Center, Suite 401 on the fourth floor.

Monday, February 13 - Noon to 4 p.m.
Wednesday, February 22 - Noon to 4 p.m.

Tuesday, March 7 - Noon to 4 p.m.
Thursday, March 23 - Noon to 4 p.m.

Thursday, April 6 - 8 a.m. to Noon
Tuesday, April 25 - 8 a.m. to Noon

Monday, May 8 - Noon to 4 p.m.
Wednesday, May 24 - Noon to 4 p.m.

Tuesday, June 6 - 8 a.m. to Noon
Thursday, June 22 - 8 a.m. to Noon

Security access to the system is **REQUIRED** prior to training. All necessary forms are to be completed, signed and returned prior to the desired training session.

Security forms for new users are available through Medical Staff Services and may be obtained by calling 402-8900. Signed forms should be returned to Medical Staff Services, 1243 S. Cedar Crest Blvd., Suite 3240, Allentown, PA 18103 via U.S. Mail or inter-office mail.

Physician office staff will be notified when their access has been established. Office staff can then register for class by calling Diann Brey in Information Services at 402-1404 at least five days prior to the training session they wish to attend.

Job Posting Service

The Job Posting Service, which was introduced in October, 1994, is designed to link private practices in need of employees to independent job applicants. This service, which is free to Medical Staff members, was introduced in response to requests from physician office managers.

To post positions available in your office, complete and return the Job Posting Form (attached to this newsletter). Postings received by the Physician Relations office by noon on Tuesdays will be included in the Wednesday postings. The physician office job postings will appear every Wednesday after 3 p.m. in the same

locations as the hospital job postings (i.e., the cafeteria bulletin board, Human Resources Department, etc.). The support of the hospital's Human Resources Department has made this opportunity for physician offices possible.

Please detach and save the attached Job Posting form for future use. Copies may be made as needed for your office. Completed forms may be faxed to (610) 402-9858 or sent to Maria Kammetler, Physician Relations, 1243 S. Cedar Crest Blvd., Suite 3240, Allentown, PA 18103. If you have any questions or comments regarding the Job Posting Service, please contact Mrs. Kammetler at (610) 402-9857.

Tips on Recruiting

by Colleen Burgess, Office Manager, Allen Neurosurgical Association

The majority of medical office workers are hired through newspaper ads. An effective ad can make people take notice. Your ad should differentiate your job from others, give specific information, be non-discriminatory, project an image of the office, and attract applicants to respond. Create a distinctive ad avoiding abbreviations which force people to read quickly and stumble over words. Suggestions for words and phrases for ads include:

- outgoing, friendly personality
- cheerful and productive under pressure
- warm, caring personality
- challenged by the potential of expanded duties
- generous salary and excellent benefits
- bright, well-organized self-starter
- creative problem solver
- skilled at putting patients at ease
- team-oriented environment
- a salary to match your capabilities
- modern, progressive office
- outstanding fringe benefit package

Should you use the word "experienced" in the ad? Yes, include the phrase "medical experience." This will, hopefully, deter those without medical experience from responding. The speediest method to evaluate applicants is to request that they call the office, rather than submit resumes. A telephone response gives you the advantage of assessing telephone techniques and gives you the opportunity to screen out the applicants you do not want to interview. You may prefer to review a resume before you have contact with the applicant. In this case, you would request the resumes be sent to a "blind" box at the newspaper or sent directly to your attention at your office. An ad with a positive tone will appeal to the individual you are seeking. You want to motivate "achievers" to apply for your position.

Got the January Blues? Turn up the Lights

Seasonal Affective Disorder (SAD) often affects people, especially those living in the northern latitudes, where winters are cold and marked by many hours of darkness. Recently, scientific research has learned how and why the changing seasons affect us.

The change in seasons seems to hit people at different times. Some don't experience symptoms until Christmas or January. Sometimes symptoms last all winter; sometimes they disappear after a few weeks.

Continue on Page 8

Symptoms of Sad

● Fatigue ● Low energy ● Difficulty in making decisions ● Trouble concentrating ● Lack of motivation ● Increased appetite ● Craving for carbohydrates ● More time spent sleeping ● Less time spent exercising ● Increased tendency toward depression and sadness ● Irritability ● Anxiety

Treatment

Although scientists are not yet sure exactly what causes SAD, several treatments are available. Light therapy, diet, exercise and stress management seem to help. Sufferers often form support groups to help each

other through the winter. For the more severe cases of depression associated with SAD, doctors sometimes prescribe anti-depressant drugs.

Light therapy is the most effective treatment. Researchers have found that it can provide dramatic improvement in 75-85% of SAD cases. Different people need varying amounts of exposure to bright light, depending on their sensitivity. The light can be as bright as 2,500 lux, about as bright as a sunny day in spring (five to ten times brighter than normal indoor lighting). The best time to use the light is early morning, but some people respond better to light in the afternoon or evening and some use it two or three times throughout the day.

Controlling Your Emotions in the Workplace

There are days when everything goes wrong. Patients come in late, the computer breaks down, and a co-worker or a supervisor keeps rushing you for something to be done "yesterday." Before you blow up, try these techniques for keeping incendiary emotions under control:

◆ Take a deep breath. Just sit back and inhale and exhale, deeply and slowly. Five or even ten breaths won't make you forget your problem, but it will give you "breathing room" and time to cool down.

◆ Speak slowly and calmly. Forcing your words through clenched teeth or speaking rapidly only contribute to the feeling of being rushed or pushed.

◆ Step away from the situation. Getting away from your work site can help you calm down.

◆ Do something physical. Go to the cafeteria, the watercooler or to the restroom. If it's near a break-time, try to work in a walk outside. Walking expends pent-up energy and emotion.

◆ Get something to eat or drink. Hunger or thirst can heighten emotions.

◆ Count backwards from 100. Name the states in alphabetical order. Do something inconsequential. Sometimes, focusing on something simple will clear your mind and emotions and reduce tension.

◆ Talk to a trusted friend or co-worker. Just speaking the words and acknowledging the pressure sometimes reduce tension.

For your own mental and physical health, take time out to get a new perspective.

Job Posting Form

Please print legibly or type the following information and fax (402-9858) or mail to Maria Kammetler, Physician Relations, Lehigh Valley Hospital, 1243 S. Cedar Crest Blvd., Allentown, PA 18103. All employment issues are to be addressed directly between the independent job applicants and the physician office. Lehigh Valley Hospital is making no representation as to the job candidates who may contact you via this posting.

Title of Position: _____

Brief description of job responsibilities and qualifications (please write this exactly how you want it printed):

Please check one: _____ Full Time _____ Part Time

Days and Hours of Work: _____

Number of Hours Per Week: _____

Please indicate the application process you wish applicants to use:

To apply, please _____

If you did not wish to have your practice identified above, please provide your practice name, address and telephone number below in case we need to contact you directly regarding your job posting. Only the information above will be printed in your job posting. Thank you.

Practice Name: _____

Address: _____

Phone Number: _____ Contact Person: _____

LEHIGH VALLEY
HOSPITAL

Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556

Non-Profit Org.
U.S. Postage
PAID
Allentown, PA
Permit No. 1922

FOCUS

John E. Castaldo, M.D.
President, Medical Staff
John W. Hart
Vice President

Editorial Staff:

Janet M. Seifert
Managing Editor
Joseph F. Felix
Maria L. Kammetler
Patricia A. Skrovanek

Editorial Board:

Colleen Burgess
Loretta Kowalick
Ginny Phelan
Joan Rissmiller
Veronica Rockovits
Joyce Santay
Mary Jo Shields

FOCUS is published quarterly for the office staffs of physicians on the Medical Staff of Lehigh Valley Hospital. Articles for the next issue should be submitted by April 7, 1995 to Janet M. Seifert, Physician Relations, Lehigh Valley Hospital, 1243 S. Cedar Crest Blvd., Allentown, PA 18103. For more information, please call Janet at 402-9853.